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Application No. (if known): 10/820,656

Attorney Docket No.: 31176282-004001

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<b>From</b>	Susan B. Jensen	+1 713 427 5047	+1 713 427 5099
<b>Client/Matter No.</b>	31176282-004001		
<b>Re</b>	App. No. : 10/820,656		
	Applicant : Schaub, Robert G., et al.		
	Filed : April 8, 2004		
	TC/A.U. : 1616		
	Examiner : Alstrum-Acevedo, J.H.		
	Docket No. : 31176282-004001		
	Customer No. : 51738		
	Entitled : Hemophilia Treatment by Inhalation of Coagulation Factors.		

**Pages (w/cover)** 12**Privacy And Confidentiality Notice**

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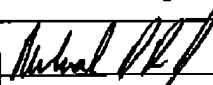
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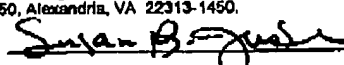
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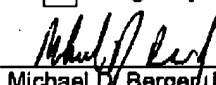
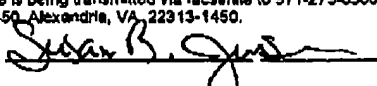
<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/820,656	
	Filing Date	April 8, 2004	
	First Named Inventor	Schaub, Robert G.	
	Art Unit	1616	
	Examiner Name	Alstrum-Acevedo, J.H.	
Total Number of Pages In This Submission	12	Attorney Docket Number	31176282-004001

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC)  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Cert. of Facsimile, Change of Correspondence Address, and Amendment Transmittal.
Remarks		

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Firm or Individual name	Baker & McKenzie LLP Michael D. Berger, Ph.D., 52,616
Signature	
Date	January 17, 2006

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Dated: January 17, 2006	Signature: 	(Susan B. Jensen)

HOUDMS/184799.1

<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. 31176282-004001		
Application No. 10/620,656	Filing Date April 8, 2004	Examiner Alstrum-Acevedo, J.H.	Art Unit 1616		
Applicant(s): Schaub, et al.			<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> <b>JAN 17 2006</b>		
Invention: Hemophilia Treatment by Inhalation of Coagulation Factors					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	28	- 45 =		x	0.00
Independent Claims	8	- 8 =		x	0.00
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>0.00</b>
<input type="checkbox"/> Large Entity <span style="float: right;"><input checked="" type="checkbox"/> Small Entity</span>					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
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 Michael D. Berger, Ph.D. Reg. No.: 52,616			Dated: <u>January 17, 2006</u>		
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